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Factors Affecting The Primigravida Anxiety During The 3rd Trimester of Pregnancy Regarding The Upcoming Labor

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Abstrak

Wanita hamil yang mengalami kecemasan mengalami reaksi emosional yang terkait dengan kekhawatiran ibu dengan kesejahteraan dirinya dan janinnya, keberlanjutan kehamilan, persalinan, dan efek dari latihan kehamilan. Penelitian ini bertujuan untuk mengetahui faktor-faktor yang mempengaruhi kecemasan primigravida trimester ke-3. Jenis penelitian ini adalah kuantitatif dengan metode observasi analitik dan dengan desain cross sectional. Hasil penelitian menunjukkan bahwa faktor yang berhubungan dengan kecemasan primigravida trimester ketiga adalah latihan fisik dalam bentuk latihan kehamilan dengan nilai $p < 0,05$, sedangkan usia ibu, pekerjaan, tingkat pendidikan, dan dukungan suami tidak berpengaruh pada kecemasan primigravida trimester ke-3 di mana nilai $p > 0,05$. Kesimpulan: faktor yang berhubungan dengan kecemasan primigravida semester 3 adalah latihan fisik dalam bentuk latihan kehamilan.

Kata Kunci: Kecemasan; primigravida; trimester III.

Abstract

Pregnant women who experience anxiety experience an emotional reaction associated with the mother's concerns with the well-being of her self and her fetus, the sustainability of pregnancy, childbirth, and effects of pregnancy exercises. This study aims to determine the factors affecting the primigravida anxiety of the 3rd trimester. The type of the research was quantitative with analytic observational method and with cross sectional design. The results show that the factors related to primigravida anxiety of third trimester were physical exercise in the form of pregnancy exercise with p value $0,000$ ($p < 0,05$), while maternal age, occupation, education level, and husband support had no effect on primigravida anxiety of the 3rd trimester where p value > 0.05 . Conclusion: the factors associated with primigravida anxiety of the 3rd semester is a physical exercise in the form of pregnancy exercise.

Keywords: Anxiety; primigravida; trimester III.

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INTRODUCTION

Pregnant women who experience anxiety experience an emotional reaction associated with the mother's concerns with the well-being of herself and her fetus, the sustainability of pregnancy, childbirth and effects of pregnancy exercises (1). Pregnant women experience changes in their physiological and psychological functions. The forms of psychic changes in pregnant women are emotional changes, feelings of jealousy, sensitivity, laziness, seeking more attention, feelings of discomfort, anxiety, depression, and stress (2).

Anxious pregnant women are 3.84 times more likely to develop postpartum depression. Anxiety and antenatal depression during pregnancy are risk factors for psychiatric or postpartum depression (3).

Impacts of anxiety in the third trimester of pregnant women regarding the labor process can include irregular his, reduced difficulty of birth canal, and baby's misposition. Inhibition of labor due to anxiety can stimulate the release of catecholamine hormones that will inhibit the working of the uterus (4). Other impact of excessive anxiety in pregnant women are causing low apgar score at birth (5), affecting the physical and mental health of the mother and fetus (6), the increased likelihood of mothers experiencing postpartum depression (1), tendency to have premature infants (7), and low birth weight infants (LBW) (8).

One of the causes of high AKI in Indonesia is prolonged labor. Some factors that contribute to the occurrence of prolonged labor include insufficient maternal power or strength during childbirth, infant is too large, incompatibility of pelvic size with infant and psychological head or anxiety of the mother who is not ready for labor (9).

The results of interviews conducted by researchers with 10 people of primigavide 3rd trimester who are checking pregnancy, 5 people claimed to worry about labor, 3 people are afraid

not able to withstand pain during labor, and 2 people worry about infant health after birth. This study aims to determine the factors that affect primigavida anxiety during the 3rd trimester.

MATERIALS AND METHODS

The research was a quantitative by using observational analytic method. The design in this study was cross sectional. The population in this study were pregnant women of primigavide 3rd trimester who checked the pregnancy which amounted to 125 people. Samples were taken using consecutive sampling with 50 people. The study was conducted from December 2015 to February 2016.

The instruments used in this study were questionnaire respondent characteristics (age, occupation, education level, husband support and physical exercise) and modification questionnaires from the anxiety scale Taylor Maniest Anxiety Scale (TMAS) instrument and Hamilton Rating Scale for Anxiety (HRS-A). Validity and reliability tests have been performed on the questionnaire.

Data analysis in this study using univariate analysis which was useful to identify the description of frequency distribution and bivariate analysis which was useful to identify the relation between independent variable and dependent variable, the test used was independent t-test.

RESULT AND DISCUSSION

In this study, there were 50 subjects of primigavida 3rd trimester.

Table 1 shows that the majority of respondents are at no risk age ie 38 (76%) and also employed 34 (68%). For education, the majority of respondents are highly educated, 40 (80%), and the majority have sufficient husband support 35 (70%). For physical exercise, the majority, 36, do physical exercise (72%).

Table 2 shows that, statistically, the physical exercise had an effect on anxiety with p value

Table 1. Distribution of Frequency of Mother Age, Work, Education Level, Husband Support and Physical Exercise

Characteristics	N	%
Mother Age		
No risk	38	76%
Risk	12	24%
Occupation		
Employed	34	68%
Unemployed	16	32%
Education level		
High	40	80%
Low	10	20%
Husband support		
Sufficient	35	70%
Insufficient	15	30%
Physical exercise		
Pregnant exercise	36	72%
No pregnant exercise	14	28%

Table 2. Influence of Mother Age, Occupation, Education Level, Husband Support and Physical Exercise on Primigravida Anxiety of 3rd Trimester in the upcoming Labor

Variable	Mean±SD	95% CI	p
Mother Age			
No risk	-0.32±4.63	-2.290-3.755	0.628
Risk	0.42±4.21	-2.247-3.712	
Occupation			
Employed	-0.31±4.61	-2.180-3.710	0.617
Unemployed	0.39±4.19	-2.211-3.680	
Education level			
High	0.38±3.48	-0.572-5.722	0.298
Low	-2.20±7.20	-2.645-7.795	
Husband support			
Sufficient	-0.74±4.57	-0.691-4.710	0.150
Insufficient	1.27±4.14	-0.753-4.772	
Physical exercise			
Pregnant exercise	1.83±2.34	-9.902-4.193	0.000
No pregnant exercise	-5.21±4.80	-9.078-5.017	

0,000 ($p < 0.05$) while maternal age, occupation, education level, and husband support had no effect on anxiety where p value > 0.05 .

Physical exercise in the form of pregnancy exercises affect the primigravida anxiety trimester III described in the study of Larasati & Arief (2012). According to the research, pregnant women who do pregnancy exercises are getting lower anxiety levels regarding the upcoming of labor because there are relaxation techniques that reduce anxiety in pregnancy exercise. The results of this study indicate that the subjects of study following pregnancy exercise did not

experience anxiety (14.28%), study subjects who rarely followed pregnancy exercise (39.29%), and had no anxiety, 12.5% experienced mild anxiety and 33.93% of people who never participated in pregnancy exercise experienced mild and severe anxiety regarding the upcoming of labor (10).

Pregnant exercise as prenatal care is effective in reducing anxiety of the upcoming first delivery which is proven by decreasing the level of anxiety. Gymnastics pregnancy by pregnant women on a regular basis is expected to decrease the anxiety of labor and shorten the time of delivery (11). The result of Aulia & Hindun's research (2010) explains that mothers who do pregnancy exercise with normal delivery process equal to 56.06%, while mothers who do not practice pregnancy process of normal delivery equal to 43.94% (12).

Relaxation in pregnancy exercise is one exercise that can break the cycle of anxiety because relaxation movements can stabilize emotions in a pregnant woman (13). Physical exercise done by someone can reduce anxiety (14). Pregnancy exercise is a physical exercise that can be done by pregnant women, so it can be an attempt to reduce anxiety in primigravida 3rd trimester. Gymnastics pregnancy is part of antenatal care to prepare for delivery at several health care centers, such as hospitals (15). Pregnancy gymnastics is a form of exercise in pregnant women that is useful for strengthening and maintaining elasticity of the abdominal wall muscles, ligaments, and pelvic floor muscles associated with labor (16). The results of research conducted by Newham et al (2012), showed that techniques of relaxation also had an influence in decreasing anxiety for pregnant women (17). This is same with statements from Dipietro et al (2012) that relaxation is one of the methods that can reduce stress and negative emotions during pregnancy (18).

CONCLUSIONS AND RECOMMENDATION

Conclusion

Factors that affect the primigravida anxiety of 3rd trimester is physical exercise in the form of pregnancy exercise.

Recommendtion

For health services to further enhance the promotion and implementation of pregnancy exercises for all pregnant women, especially primigravida 3rd trimester. Future researchers should conduct research related to other factors that have not been studied with a greater number of samples.

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